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TO: Examiner T. McKelvey
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 OUR REFERENCE NO.: GENAPP.002RA
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Sir:

Transmitted herewith is a Third Supplemental Amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS FILED						
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Total Claims	14	—	33	= 0 ×	\$18	= \$0
Independent Claims	3	—	7	= 0 ×	\$80	= \$0
If application has been amended to contain multiple dependent claim(s), then add					\$270	= \$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410. A duplicate copy of this sheet is enclosed.


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